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ABSTRACT

A review is given of the status of family planning education at medical, nursing, and midwifery schools in seven European countries. The report is presented in 11 sections. Section one, an introduction, explains the scope of the study and defines family planning to include birth control, pregnancy and delivery, problems of adolescents, family life education, and sex education. Sections two through eight review in outline form the content and sequence of educational programs for family planning in Sweden, Poland, Yugoslavia, Italy, France, the Netherlands, and the United Kingdom. For each country individual attention is given to programs of undergraduate, postgraduate, and continuing education in medical, nursing, and midwifery schools. Sections nine through 11 present a summary, conclusions, and recommendations. Although the length of training is approximately the same for similar positions across the countries, there are variations in teaching methods, program content, and responsibilities in the field. Among the author's recommendations are that students in all three types of school receive more practical training and that curriculum become more multidisciplinary. (AV)

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TEACHING OF FAMILY PLANNING AT MEDICAL NURSING AND MIDWIFERY SCHOOLS IN CERTAIN COUNTRIES OF THE REGION

Report on a study

by

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CONTENTS

		Page
1.	Introduction	1
2.	Sweden	4
3.	Poland	6
4.	Yugoslavia	9
5.	Italy	12
6.	France	15
7.	Netherlands	18
8.	United Kingdom	22
9.	Summary	26
10.	Conclusions	34
11.	Recommendations	35
ANNEX 1	QUESTIONNAIRE PREPARED BY THE CONSULTANT AND THE REGIONAL OFFICER FOR FAMILY PLANNING FOR USE IN THE SURVEY	39
ANNEX 2	TRAINING PROGRAMME IN FAMILY PLANNING FOR NURSES IN THE UNITED KINGDOM	41
ANNEX 3	LIST OF PERSONS MET	44

1. INTRODUCTION

1.1 Purpose of the assignment

The objectives of the assignment were to:

- review the present situation of teachnig of family planning at medical, nursing and midwifery schools in selected countries;
- develop a model for the organization and methodology of teaching of family planning and make recommendations for improvement of such teaching.

1.2 Definitions of family planning

This is a very broad subject whose scope is difficult to define and varies according to the social, economic and cultural conditions in countries.

WHO regards family planning as a series of activities designed to improve the health and welfare of mothers and children and to promote the development of family health. It comprises:

- information on methods of fertility regulation: all individuals and families should have the possibility to obtain information and advice on family planning matters;
- consultations and operations to facilitate or control child birth: supervision of pregnancies involving risk; prevention and treatment of male or female sterility; problems of unwanted pregnancy, legitimate or illegitimate; problems of adolescents; prevention of abortion;
- family education: problem of conjugal relations, psychology of the couple, etc...;
- sex education.

An Expert Group on social welfare and family planning [1], convened by the United Nations, has specified certain important objectives in this field: improvement of the condition of women and exercise of human rights; possibilities for individual choice; possibility for a person to delay, prevent or promote conception through individual efforts or to continue or terminate a pregnancy; right of the child to be wanted and importance of adoptive families for children deprived of their natural parents; encouragement of the idea of voluntary procreation, whereby parents have the right and obligation to provide optimum conditions for harmonious physical and emotional development of their children.

Broadly speaking, therefore, family planning has a triple role: preventive, curative and social, with the aim of increasing the wellbeing of individuals and improving their psychological, sexual, family or parental relationships with the other sex.

In view of these complex definitions (see diagram below) of family planning, a wide range of staff are involved in family planning, primarily of course physicians, midwives and nurses but also many others such as psychologists, psychiatrists, sexologists, family or marriage counsellors, social workers, lawyers, educationalists and teachers, all of whom must have appropriate training. Ultimately, too, family planning is a matter for government authorities and society as a whole and a sound health infrastructure oriented to health promotion is therefore necessary.

1.3 Scope of the study

As only limited time was available for the assignment, the study was confined to the teaching of family planning in medical, nursing and midwifery schools. The fact is that while the roles and functions of these three categories of health staff differ from one country to another, depending on health policy and social, cultural and economical conditions, it is clear that despite the differences it is they who have the primary responsibility for this service required by society.

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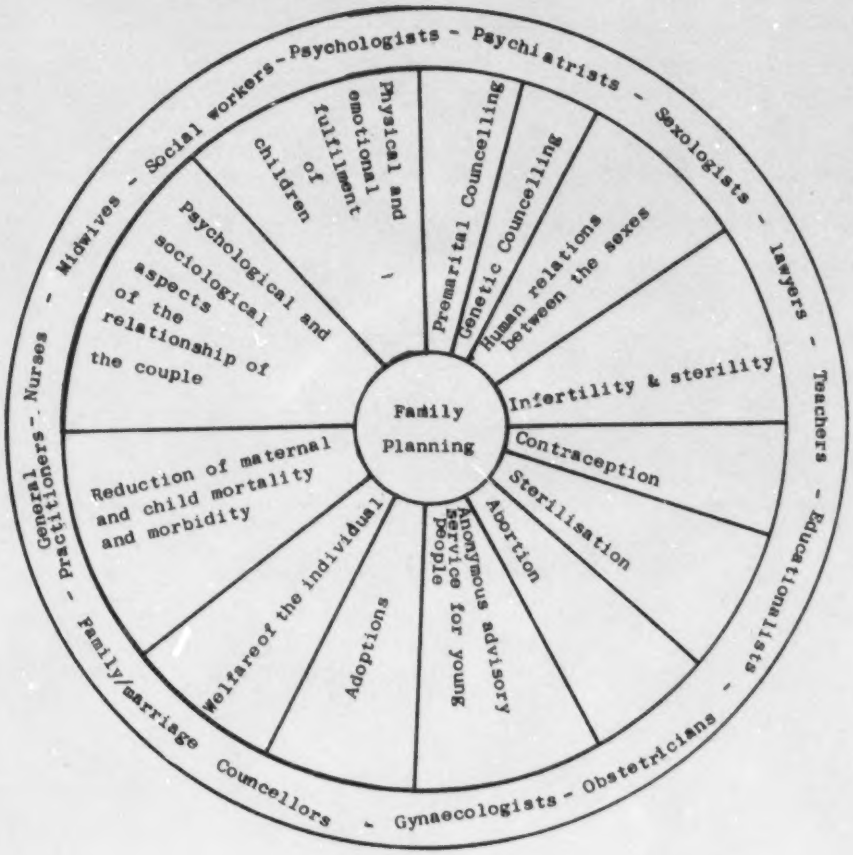
[1] United Nations, Department of Social and Economic Affairs. Social Welfare and Planning, New York, 1976 (ST/ESA/27).


Family Planning
Premarital Councelling
Genetic Councelling
Human relations between the sexes
Infertility & sterility
Contraception
Sterilisation
Abortion
Anonymous advisory service for young people
Adoptions
Welfare of the individual
Reduction of maternal and child mortality and morbidity
Psychological and sociological aspects of the relationship of the couple
Physical and emotional fulfilment of children
Family/marriage Councellors - Gynaecologists - Obstetricians - Educationalists - Teachers - lawyers - Sexologists - Psychiatrists - Psychologists - Social workers - Midwives - Nurses - General Practitioners

It was not the intention of the study to make any judgement concerning the suitability of the role and importance given to these three categories of staff - though it is clear that a sound distribution of work can only increase the effectiveness of service to the community: rather, an effort was made to determine whether the teaching, both theoretical and practical, was appropriate to the functions of each type of staff. "The educational programme, the choice of means and methods of teaching must be based on the study of needs and possibilities and on the definition of the tasks, the staff will have to carry out during their professional life in a given health service".[1]

1.4 Methods

1.4.1 Questionnaire

A concise questionnaire prepared for the exclusive use of the writer was used for the survey conducted in the different countries.

1.4.2 Countries visited

The time allocated for the study was relatively short (5 weeks) and it was therefore decided to confine it to seven countries in Europe. The time allowed for each country proved insufficient in some cases.

The schedule was as follows:

9-12 November - Sweden (Stockholm)

13-18 November - Poland (Warsaw)

18-24 November - Yugoslavia (Belgrade, Novi Sad)

24-30 November - Italy (Bologna, Rome)

4- 7 December - France (Paris)

8-11 December - Netherlands (Leiden, Amsterdam)

11-17 December - United Kingdom (London, Edinburgh, Southampton)

1.4.3 Assignment

In all the author visited, in seven countries over five weeks, 19 departments of gynaecology and obstetrics as well as midwifery and nursing schools and met 72 officials (see Annex 3).

He visited the WHO Regional Office in Copenhagen for briefing on the assignment which, thanks to the preparations made by the Office and the different national authorities, proceeded without difficulties according to plan. However attention must again be drawn to the inadequacy of the information in the report in some respects, as only one or at most three universities were visited in each country.

1.5 Acknowledgement

The writer's thanks are due to the authorities of all the countries visited, for their kind cooperation at all times, and to all persons met for their support and assistance in carrying out the assignment.

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[1] Guilbert, J.J. Handbook for Health Personnel, WHO, 1976

2 SWEDEN

2.1 Medical education

2.1.1 General

Medical education is under the direct authority of each university, and is therefore autonomous. The role of the Ministry of Health and Social Affairs is confined to the formulation of general ideas in line with the health policy of the country.

The result of this is that undergraduate and postgraduate training can differ widely from one university to another depending on the degree of interest which the head of the department of gynaecology and obstetrics has in this subject.

2.1.2 Undergraduate training

The training lasts five and a half years, with two years of basic sciences and three and a half years of clinical sciences.

The teaching of family planning was introduced into curricula around 1956.

(a) Theoretical training

Teaching of the theory of family planning takes place mainly in the eleventh semester, when instruction in gynaecology and obstetrics is given. (The programme in this semester also includes the teaching of paediatrics and psychology).

It is difficult to give the exact number of hours devoted to family planning, as part of the teaching is incorporated into that of other sciences, particularly as regards problems related to the teaching of psychology and sociology which are dealt with in the fourth, ninth and tenth semesters. However, the following totals of hours can be noted:

- medical problems (contraception, abortion, sterilization, infertility): 8 hours.
- human relations between the sexes: 4 hours.

(b) Practical training

The training lasts four weeks, during which the student has access to prenatal clinics (once a week), to gynaecology clinics (twice a week). The rest of the time is spent in the inpatient departments.

The student has either little or no access to the family planning clinic. And in fact it is considered that, given the small amount of time that the student can spend in the family planning clinics, training would be inadequate. Midwifery students are given preference and priority for practical training in such centres.

(c) Teaching methods

Teaching is given essentially in the form of lectures with audiovisual aids, though discussion groups are also used. In the practical training, the teaching is naturally much more informal.

(d) Teachers

These are essentially specialists whose training in educational psychology is of a personal nature.

2.1.3 Postgraduate training

Specialization in gynaecology and obstetrics lasts five years, including two years' internship. Three years are spent in an approved department of gynaecology and obstetrics where the specialists work as physicians and attend to prenatal and family planning clinics. Theoretical training is provided by courses of one week's duration on different topics. Physicians have to attend five out of a total choice of ten different courses. Some of these courses deal with theoretical aspects of family planning methods.

2.1.4 Continuing education

Meetings are organized each year and family planning may be among the subjects discussed. Participation in these meetings is voluntary but the fees are reimbursed by the Ministry of Health and Social Affairs.

2.2 Training in nursing schools

2.2.1 General

The training is under the aegis of the National Board of Education. The course lasts five semesters.

2.2.2 Basic training

Instruction in gynaecology and obstetrics is given during the third semester (40 hours) and incorporates family planning, but no more than a few hours can be devoted to this discipline.

The practical training comprises four weeks spent in obstetric units and four weeks devoted to social medicine.

2.3 Training in midwifery schools

2.3.1 General

Family planning has been taught since around 1956, and since 1973 has been adapted to the growing responsibilities of the midwife, being designed to equip her with a high level of theoretical and practical knowledge.

In 1978 provision was made to enact legislation authorizing midwives to prescribe oral contraceptives and to fit intrauterine devices.

The training lasts five semesters plus two weeks' practice in a hospital centre. Midwives receive a university diploma.

It should be noted that there are now twenty male midwives in Sweden.

2.3.2 Basic training

(a) Theory

The teaching of family planning takes place in the second part of the course of studies and is incorporated into the syllabus for obstetrics and gynaecology; it is difficult therefore to give a precise figure for the number of hours devoted to family planning, at least as regards to purely medical aspects (contraception, abortion, sterilization, infertility and sexuality).

The rest of the teaching of theory is apportioned as follows:

- education : 5 hours
- psychology : 6 hours
- pharmacology : 3 hours

(b) Practice

Sixty hours of practical teaching are devoted to family planning.

The training in family planning centres lasts six weeks. The student works with one or two midwives and a gynaecologist. The training is regarded as being very important for it is then that the student learns to carry out a complete gynaecological examination and to fit an intrauterine device.

(c) Teaching methods

The lectures are illustrated with slides and films. Active teaching methods include group discussions and role-playing. Models and phantoms are very useful for the gynaecological examination.

(d) Teachers

Most of the teachers are midwifery instructors but there are also specialists in gynaecology and obstetrics.

The teaching of family planning is evaluated by both written and oral examinations.

2.3.3 Continuing education

Midwives who obtained their diplomas before 1973, when the teaching of family planning was strengthened, have special training enabling them to adapt to their new family planning duties and comprising a minimum of ten course hours in addition to practice.

In general the continuing education consists of a paid four-week course every ten years.

2.4 Role and place of physicians, midwives and nurses in family planning

Midwives appear to occupy an important role in family planning: 50% of family planning was carried out by them in 1976.

The obstetrician-gynaecologist does not hesitate to hand over responsibility for family planning to the midwife.

The general practitioner continues to have an important role, particularly in rural areas.

K. Sundström[1] has stressed the need to organize suitable programmes for health professionals and members of the community in order to train new types of staff, namely:

- advisers, who give individual consultations and to prescribe contraceptives (midwives, physicians, school health staff).

- information workers who, in various circumstances, draw attention to the necessity for fertility regulation, offer individual counselling and put people in contact with consultation centres (school nurses, youth leaders, school health nurses, social workers, etc.).

- educationalists concerned with sex education (kindergarten and other teachers, health specialists, parents and persons interested in general).

3. POLAND

3.1 Medical education

3.1.1 General

The Ministry of Health and Social Welfare (Institute of the Mother and Child) supervises the teaching of family planning, but heads of gynaecology-obstetrics departments have full authority for deciding on curricula which consequently may vary considerably from one university to another. This study deals only with the training provided by Professor Roszkowski of the Gynaecology and Obstetrics clinic in Warsaw.

In 1960 the teaching of family planning was merged with that of gynaecology-obstetrics and social paediatrics.

3.1.2 Undergraduate training

The training is for 6 years (3 years of basic sciences and 3 of clinical sciences), followed by a year's practical training.

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[1] Sundström K. Family planning in Sweden. In: SIDA Third Seminar on Sex Education and Social Development, Stockholm, 1976. Swedish International Development Authority.

(a) Theory

Theoretical training is given throughout the course of studies but is concentrated in the fifth ans sixth years. The training in gynaecology-obstetrics lasts 20 hours in the fifth year and 50 hours in the sixth, including 6 hours on contraception. The rest of the training in family planning (sociology, human relationships between the sexes, psychology and education) is included in the first three years of study.

(b) Practice

Three weeks are spent in an antenatal clinic (about 100 hours) in the fifth year. During the weeks' practice in the gynaecology-obstetrics clinic, students mainly have access to the obstetrics ward.

During the year's practical training at the end of their studies, students spend three months in a gynaecology-obstetrics unit; and during this time they have access to family planning clinics.

(c) Teaching methods

The consultant took note of a wish to limit lectures in favour of group discussions. Audiovisual aids are used (slides, films) but there is a definite lack of phantoms and models for the practice sessions. The students are introduced to the techniques of listening and communication in the third year as part of their training in education.

(d) Teachers

Theory is taught by professors and assistants who have been trained in educational psychologogy and sexology in special advanced courses.

Practical training is given by medical specialists.

(e) Students

At present the students do not seem very interested in family planning problems. This can be explained partly by the fact that they do not yet have the authorization to prescribe oral contraceptives but this will be given in the next few months.

The training in family planning is evaluated mainly in the oral examination.

3.1.3 Postgraduate training

Specialist training in gynaecology-obstetrics lasts 7 years and has an important family planning component. Gynaecology-obstetrics is taught in four two-week sessions per year. It is worth noting that paediatricians receive one month's training in a family planning centre.

3.1.4 Continuing education

Further training is available for general practitioners and specialists.

General practitioners receive a compulsory 1-2 hours of instruction a year from psychologists. One-week seminars are also organized once a year and family planning may be among the subjects.

In each district the chief medical officer is responsible for all the general practitioners and may, if he considers it necessary, send them for further training or provide it himself.

There are arrangements for specialists to receive two weeks' further training per year, on an internship basis at a university hospital.

3.2 Training in nursing schools

3.2.1 General

The schools are administered and supervised by the Ministry of Health and Social Welfare.

Basic training is provided by two types of schools.

- National nursing schools with a two-year programme open to those who have completed primary and secondary education;

- Nursing high schools with a 5-year programme open to those to who have completed primary education. Graduates of these schools receive the same diploma as that awarded by the national nursing schools, but they cannot enter a midwifery school.

3.2.2. Basic training

(a) Theory

Only a few of the 1350 hours of theoretical training are devoted to the teaching of family planning. The writer could not obtain further information on this point.

(b) Practice

The students spend 60 hours in gynaecology-obstetrics departments but they do not appear to have access to family planning clinics during this time. However, during the two years of hospital practice after leaving school, the nurses receive 4-5 hours of training in family planning with films and demonstrations of contraceptive methods.

3.2.3 Postbasic training

The nurses have a choice between four types of postbasic training. They can obtain a public health nursing diploma after a course of 1-2 years. These nurses are given more information of family planning; but no details were provided to the consultant.

3.3 Training in midwifery schools

3.3.1 General

Training in midwifery schools is under the dual supervision of the Ministry of Health and Social Welfare (Institute of the Mother and Child) and the Ministry of Education and Cultural Affairs. Family planning has been taught since 1956.

3.3.2 Basic training

The training lasts 2 1/2 years (5 semesters) followed by 2 years of hospital practice.

(a) Theory

The Ministry of Health and Social Welfare requires a minimum of 32 hours of theoretical training in family planning; in the school visited by the consultant the programme lasted 36 hours. Theory is taught mainly at the beginning of the course of studies, during the first, second and third semesters, and the instruction is distributed as follows:

- fertility regulation : 4 hours
- termination of pregnancy : 4 hours
- human relationships between the sexes, psychology of the couple : 10 hours
- sociology : 17 hours

(b) Practice

This is concentrated in the fourth and fifth semesters. The student midwives receive two weeks' practical training in a clinic, devoted especially to contraception, together with a physician and midwife. They also accompany a midwife on home visits for one week.

(c) Teaching methods

Apart from lectures with films and slides, active teaching methods are widely used: group discussions, case studies, role-playing. Again, moldings, phantoms and models are seriously lacking.

(d) Teachers

The teachers are gynaecologist-obstetricians and midwifery instructors with advanced training in educational psychology. They receive one month of further training each year.

(e) Students

The midwifery students show greater motivation and interest in family planning. Some devote themselves entirely to this work on graduation.

The training is evaluated by a written and oral examination and clinical examination.

3.3.3 Postbasic training

Instructors receive postbasic training with an important family planning component.

3.3.4 Continuing education

Instructors must have one month of further training each year, including a thorough discussion of family planning.

Midwives must attend a one month refresher course every 5 years.

3.4 Role and place of physicians, midwives and nurses in family planning

Gynaecologist-obstetricians appear to have a predominant role (3500 specialists). The general practitioners' role is limited because at present they cannot prescribe oral contraceptives (20000 practitioners). The role of general nurses seems to be limited to giving general information, although that of public health nurses seems more important particularly in rural areas (140000 nurses).

The role of midwives is mainly to give technical information to women before and after they consult a specialist (9500 midwives).

The writer had the opportunity to meet Professor Klawe at the Centre for the Mother and Child; he is setting up a new family counselling centre bringing together gynaecologists, psychologists, sociologists, educationalists, sexologists, geneticists and lawyers and conducting, as one of its original features, strictly inter and multidisciplinary studies of each case.

4. YUGOSLAVIA

4.1 Belgrade

4.1.1 Medical education

4.1.1.1 General

The author was invited to two towns: Belgrade, Novi Sad.

At the federal level, the Council for Health Education and Social Security is responsible for health and social policy.

At the level of the different constituent republics, there are additional council having similar responsibilities. The planning of health protection measures is completely decentralized, and centralized planning relates only to the chief problems and aims at coordinating local and regional plans.

University education is the direct responsibility of each university and can therefore vary widely from one institution to another, depending on the interest taken in family planning. These variation may be aggravated by the federative structure of Yugoslavia. The programme in obstetrics and gynaecology in Belgrade, at the gynaecology-obstetrics clinic of the Faculty of Medicine (Director, Professor Sulovič) is drawn up by a group at the level of chair of obstetrics and gynaecology, which includes the department head, senior lecturers, assistant lecturers and student representatives (3-4). The programme is thereafter submitted to the Council of Medical Studies at the Faculty of Medicine.

4.1.1.2 Undergraduate training

Medical studies last 6 years (10 semesters of basic instruction and 1 year of general medical practice) in order to obtain the title of general practitioner.

Teaching of family planning has been conducted there since 1947.

(a) Theoretical training

Instruction in obstetrics and gynaecology in the fifth year, although family planning is taught with other disciplines throughout the course of studies.

Theoretical training in obstetrics and gynaecology takes up 6 hours a week for 36 weeks or 216 hours in all, which far exceeds the average for other countries.

Two hours are specifically devoted to family planning, but the problem is largely treated in the teaching of gynaecology and obstetrics (genetics, contraception, abortion, infertility).

The teaching of sexuality is broad and is integrated with that of biology, human reproduction and psychology. The philosophy of the protection of women is taught on a permanent basis.

(b) Practice

Practical training takes up 4 hours a week for 36 weeks, during which students have access, with an assistant lecturer, to clinics (contraception, abortion). In addition, the students receive two weeks of residential training, particularly concerned with obstetrics.

(c) Teaching methods

These consist of lectures with audiovisual aids (slides, films) exercices and practice sessions, discussions and work with moldings and phantoms.

The teachers are from the university; professors, senior lecturers and assistant lecturers.

4.1.1.3 Postgraduate training

Specialization in obstetrics and gynaecology lasts four years, and family planning is treated in broad detail in this training.

A second form of training is specialization in general medicine (internal medicine) which lasts two years, of which four months are spent in an obstetrics and gynaecology department.

A third form is a course of scientific study, lasting for two years after specialization and leading to a master's degree. On this course too, family planning is given broad treatment.

4.1.1.4 Continuing education

The training is compulsory for obstetricians and gynaecologists. It lasts one week per year in the Republic of Serbia. One evening a month, a meeting of obstetricians and gynaecologists from the Republic is also held.

For general practitioners, there is no compulsory continuing education, but they are urged to attend.

4.1.2 Training in nursing schools

4.1.2.1 General

The training lasts four years and is followed by one year of practical training before students can qualify.

4.1.2.2 Basic training

Obstetrics and gynaecology are taught for two hours a week during the last two semesters, making a total of 100 hours. Teaching of family planning is included and 3-4 hours are specifically devoted to the subject.

4.1.2.3 Postbasic training

This training, which lasts two years, is designed for senior staff, nursing instructors, nursing visitors and intensive care nurses, who often work at family planning clinics. During the final

semester, two hours of theoretical teaching and two hours of practical training are given in family planning.

4.1.2.4 Continuing education

Once a month, the association connected with each institute holds a meeting lasting several hours where all subjects are discussed, including family planning. In addition, once a month the Association of Nurses holds seminars for public health nurses on family planning and on the humanization of relations between the sexes. Teaching methods used are of the active type (group dynamics, video systems, rooms using one-way mirrors, etc..).

4.1.3 Training in midwifery schools

The training lasts four years.

Family Planning is taught during the third and fourth years in the gynaecology course: four hours of theoretical instruction and eight hours of practice.

In the teaching of health education and social medicine, 10 hours are devoted to the protection of female health, including 2 to family planning.

The teachers are specialists in obstetrics and gynaecology and midwifery instructors.

Continuing education is compulsory.

For midwives employed by clinics, hospitals or other medical establishments, compulsory two-hour seminars to review new knowledge are held once or twice a month.

Every year, the Federal Institute of Public Health arranges 4-5 day seminars for further training of nurses and midwives, giving them the opportunity to study problems of family planning and contraception.

4.2 Novi Sad

4.2.1 Medical education

4.2.1.1 General

The consultant was invited to the Institute of the Mother and Child and to the Family Planning Office in Novi Sad.

As the medical school is autonomous, the Ministry of Education provides only general guidance, particularly in relation to family planning, through the Secretary for Education.

Teaching of family planning began around 1950. With the Federal Assembly's adoption on family planning in 1969 and the inclusion of family planning among the mandatory health protection activities, this field has undergone extensive development

4.2.1.2 Undergraduate training

The training lasts six years with one year of practice.

(a) Theory

Family planning is taught in the fourth and fifth years: 16 hours of gynaecology, mainly dealing with contraception and abortion. The psychology of the couple is treated in the psychiatry course, while sociology is taught throughout the studies. The subjects of human relations between the sexes is not taught as such but is included in the teaching of physiology and psychology.

(b) Practice

This lasts about 10 hours.

In addition, during the one year of practice, the student spends 15 days in a family planning centre.

(c) Teaching methods

Apart from lectures, with slides and films, more active methods such as group discussions,

practical exercices and seminars are used. Students in the fourth and fifth years also arrange an annual congress where they present their individual work.

(d) Teachers

The teachers are professors and assistant lecturers with further training in educational psychology.

4.2.1.3 Postgraduate training

Specialization lasts four years and the traching of family planning is an important component. In addition the specialist must spend two months at a family planning centre.

4.2.1.4 Continuing education

Every two years, seminars lasting 3-5 days are arranged. They are compulsory, and family planning may be among the subjects selected. Other optional seminars are held.

4.2.2 Role and place of general practitioners, nurses and midwives

The general practitioner has a major role to play. In Vojvodina 14 out of 44 communes have no gynaecologist. It is therefore up to the general practitioner to provide family planning, after special training. It should be noted that general practitioners are authorized to prescribe the pill, but patients using contraceptives must be seen by a gynaecologist at least once a year. Midwives and nurses share responsibilities for providing information on the subject at family planning centres.

In Vojvodina it has been decided that 50% of time allocated for physical education should be devoted to the subject of human relations between the sexes.

In rural areas public health nurses appear to have a much more important role.

5. ITALY

5.1 Bologne

5.1.1 Medical education

5.1.1.1 General

The universities are autonomous.

As the teaching of family planning in medical schools is not official, it depends on the initiative of the head of the gynaecology-obstetrics department.

The absence of any limitation on student enrolment causes virtually insurmountable difficulties in the organizarion of the training.

Teaching of family planning began at Bologne in 1972.

5.1.2 Undergraduate training

The training lasts 6 years during which 20 compulsory and 5 optional certificates are obtained.

(a) Theory

The fifth-year programme comprises 50 hours of clinical gynaecology-obstetrics (compulsory certificates). The certificate in pathological gynaecology-obstetrics is optional (25 hours of instruction) as well as the certificate in pathological endocrinology (25 hours of instruction).

The certificate in family planning is optional; it involves 20-25 hours of theoretical instruction and is taken by about 10 out of 800 students.

Two of the 25 hours of the family planning course are allocated for sociology and three for human relationships between the sexes.

(b) Practice

Practical instruction and sessions are not compulsory. Students interested in family planning problems have access to the department in the afternoon, on a voluntary basis.

(c) Teaching methods

The teaching is illustrated by slides and films and, in view of the small number of students, is very free with opportunity for discussion.

5.1.1.3 Postgraduate training

The programme is identical at all universities in Italy (see section on Rome).

5.1.1.4 Continuing education

General practitioners interested in family planning can attend lectures given by staff of the gynaecology-obstetrics department in conrexion with public information meetings. The information is disseminated very actively in the region.

5.1.2 Training in nursing schools

5.1.2.1 General

The training lasts 3 years.

Theoretical instruction in family planning is not provided as such and the students are merely given information. Neither contraception nor human relations between the sexes are taught.

Student nurses spend three months in a maternity during the second year but do not have access to family planning clinics. Public health nurses receive one year's further training, including more thorough instruction or information on family planning.

5.1.3 Training in midwifery schools

5.1.3.1 General

A nursing diploma is required for admission to a midwifery school.

The training lasts two years.

5.1.3.2 Basic training

The theoretical training in family planning lasts 3-4 hours. The students have access to a clinic but there do not appear to be any specific practice sessions in a family planning centre.

5.1.4 Role and place of gynaecologists, obstetricians, general practitioners, nurses and nurse-midwives.

At present family planning is provided on a private basis only but it is starting to be organized in the north of Italy.

Thus roles are still being determined. Currently contraception is provided by gynaecologists and general practitioners.

5.2 Rome (State University)[1]

5.2.1 Medical education

5.2.1.1 General

There are numerous students as enrolment is not limited. Undergraduate training lasts 6 years and there are about 4000 students in the sixth year.

5.2.1.2 Undergraduate training

Gynaecology-obstetrics is taught in the sixth year.

[1] Obstetrics-Gynaecology Clinic of Professor Carenza

The course lasts 50 hours and includes the teaching of contraception.

One to two hours are allocated for family planning and one hour for a film.

The psychology of the couple is studied rapidly but no human relationships between the sexes.

Practice sessions are not compulsory.

5.2.1.3 Postgraduate training

Specialist training lasts 4 years: 4-5 hours are allocated for family planning.

5.2.1.4 Continuing education

Four to six times a year, 3-day courses for 10 physicians are held in the obstetrics-gynaecology department. However, this training is not directed specifically to family planning.

5.2.2 Training in midwifery schools

About 15 hours of training in family planning is given in the second year (contraception and human relations between the sexes).

A two-week practice session for student-midwives is held in a family planning centre.

5.3 Rome (Catholic University)[1]

5.3.1 Medical education

5.3.1.1 General

The training lasts 6 years. Student enrolment is limited to 180-200 per year. The entrance examination allows very strict selection of students for the medical shcool.

Teaching of family planning began in 1971.

During the six years of the programme, students must obtain 26 compulsory and 10 optional certificates.

5.3.1.2 Undergraduate training

(a) Theory

Obstetrics-gynaecology is taught in the sixth year. Only the certificate in clinical obstetrics-gynaecology is compulsory (50 hours).

The course for the optional certificate in the physiopathology of reproduction (25 hours) is attended by about 15 students out of 180; 5-6 hours are allocated for teaching of natural and artificial contraception. The psychology of the couple is dealt with but not human relations between the sexes.

(b) Practice

The students spend 2 months in the maternity, mainly in the obstetrics ward. Access to the clinic is not arranged and depends on the initiative of each student.

(c) Teaching methods

As few students are enrolled for the certificate in the physiopathology of reproduction, the teaching is very free and is followed by discussions.

5.3.1.3 Postgraduate training

Specialization in obstetrics-gynaecology lasts 4 years and the curriculum has been harmonized with that of the European Communities.

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[1] Gemelli Policlinic of Professor Bombiani

5.3.1.4 Continuing education

The Order of Physicians holds an annual seminar which is however poorly attended.

Also available for physicians, midwives, sociologists, psychologists, and other staff working in family clinics, is a comprehensive multidisciplinary course of about 100 hours in which problems of contraception and sociology are fully studied.

5.3.2 Training in nursing schools

About 3 hours are allocated for teaching of family planning over the 3 years of study; but in fact this comprises the provision of information.

5.3.3 Training in midwifery schools

5.3.3.1 General

The training lasts 2 years after the award of the nursing diploma (3 years).

5.3.3.2 Basic training

(a) Theory

In the first year 120 hours are allocated for physiology and in the second 150 for pathology.

Training in family planning lasts about 6 hours and includes the teaching of human relations between the sexes.

(b) Practice

The training is centred on the obstetrical and surgical wards.

Four times a year, seminars lasting one afternoon are held on topics related to family planning such as the psychology of requests for contraception or abortion. These round-table discussions bring together gynaecologists, psychologists, sociologists, moralists and others.

5.3.3 Continuing education

Further training is organized by the University's midwifery school every 4 years and by the National Federation of Midwives every 2 years. However, this training is optional and not devoted specifically to family planning.

6. FRANCE

6.1 Medical education

6.1.1 General

The universities are autonomous. In 1975 the Health Ministry issued (circular No 57 of 7 January 1975) recommendations on the teaching of family planning, which stated that future general practitioners should be made aware of the role they could play in this field in order to implement a fertility regulation policy that respected the choice of couples and their fulfilment. It was further recommended that, subject to procedures depending on the educational methodology adopted by each teaching and research unit, the certificates for the second stage of medical studies (DCEM) should enable students to acquire knowledge on:

- fertility regulation
- sexology and disorders of sexuality
- sterility
- genetic counselling

6.1.2 Undergraduate training

(a) Theory

At the university hospital centre in Tours, 8 hours of theory are taught: 4 hours in the third year of the second stage of medical studies and 4 for the compulsory certificate in endocrinology. The training is resumed in the fourth year of the second stage of studies within the framework of the combined clinical and therapeutic certificate; at this point the clinical tutors deal with contraception again through discussions and practical tutorials with groups of 10 students.

Dr Cohen[1] stated that general practitioners were receiving a total of 1-3 hours of instruction on contraception throughout their studies.

Dr Sirinelli[2] following a survey on the teaching of contraception in 49 universities, reported that in most cases it lasted less than 5 hours, the average being 2-3 hours.

With regard to human relations between the sexes Mrs Kahn-Nathan[3] survey showed that 22 out of 34 medical schools were giving 1-3 hours of instruction, seven schools 3-9 hours and five schools 10 or more hours. At the University Hospital Centre in Tours the teaching of human relations between the sexes is part of the course for an optional certificate established 2 years ago, which includes several hours of instruction on psychosomatic and sexological aspects of contraception.

(b) Practice

At the University Hospital Centre 3 hours of theoretical instruction are given to groups of 10 students. As a practical exercise the students arrange an audiovisual display for post partum information of women on contraception. Students may also gain practical experience by attending contraception clinics at the department's family planning centre.

Professor Pissaro, who is responsible for teaching preventive and social medicine at Saint Antoine Faculty, expected that a new form of instruction with educational objectives would be introduced in 1978 in connexion with the certificate in preventive and social medicine. A list would be drawn up stating what students should be capable of doing on completion of their training, showing family planning as one of the objectives. For this purpose the student would have documents and publications on the subject and would be expected to make an active effort to gain further information through discussions with the professors or assistants.

The following are three examples of the educational objectives:

- to enable a future unmarried mother, or a couple wishing to abandon a child due to be born, to analyse their motives and take a decision;
- to organize and participate in sex education in a community;
- to define the role of individual reactions to sexuality in order to deal with sexual behaviours, family planning, requests for abortion, etc.

The knowledge is evaluated in the examinations in the fourth year of the second stage of medical studies, in which knowledge of a specified number of objectives is required.

6.1.3 Postgraduate training

Training at the University Hospital Centre is provided in two forms: an annual three-day seminar in which contraception is always studied; instruction units in gynaecology for which groups of 10 practitioners spend one week in the department. One half-day is allocated for teaching contraception and participants receive a certificate of attendance.

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1 Cohen, J. La formation du corps médical en matière de planification familiale. Contraception, Fertilité, Sexualité, Vol 5, No 4 (juin-juillet 1977).

2 Sirinelli, J. L'enseignement de la contraception dans les facultés de médecine françaises (thesis; in preparation).

3 Kahn-Nathan, J. et al. La vie de la société française de sexologie - Table ronde: enseignement de la sexologie. Cahiers de Sexologie clinique - Nouvelle édition médicale française, Vol. 3, pp 291-308 (1976).

6.2 Training in nursing schools

6.2.1 General

Contraception has been taught since 1972.

6.2.2 Basic training

The duration of the training is due to be increased from 28 months to 3 years in 1979.

(a) Theory

The training in family planning, including anatomy and physiology, lasts 12-13 hours.

During the first stage of training the students mainly receive information on the different contraceptive methods.

The subject is dealt with again during the third stage, with 6-7 hours being allocated for teaching of contraception.

There is no instruction on human relations between the sexes.

The psychology of the couple is studied in the psychology course.

(b) Practice

There are group sessions (25 students) in which the subjects taught theoretically are reviewed in discussions.

Practice in the maternity comprises two weekly sessions of 20 hours. During this period the students have access to the gynaecology-obstetrics clinic for 2 days and sometimes to the family planning clinic.

(c) Teaching methods

The training is in the form of lectures with audiovisual aids (slides, films) and group discussions. Also, each class prepares an illustrated information file on contraception from the standpoint of a health educator.

The teachers are professors, clinical tutors, interns and instructors.

The instruction is not evaluated in the national examination.

6.2.3 Continuing education

Further training is envisaged mainly for hospital nurses and instructors. The law of 16 July 1971 provides that any organization of 10 people or more must pay 1% of the salaries for training. The National Association for Training of Hospital Staff collects the 1% contributions and finances the training according to the priorities set.

6.3 Training in midwifery schools

6.3.1 General

Family planning has been taught officially since 1973. The training lasts 3 years.

6.3.2 Basic training

(a) Theory

- contraception : 6 hours
- psychology : 2 hours in the first year
- human relations between the sexes (dealt with in connexion with the psychology of the couple).

(b) Practice

Four weeks are spent in an antenatal clinic and 2 in a fertility regulation clinic. The 8 hours of theoretical instruction on family planning are supplemented by 4 hours of information on contraception and 50 hours of practical training in a gynaecology clinic.

(c) Teaching methods

These comprise lectures but also discussions at the patient's bedside and practical work with instructors. Audiovisual aids are used: slides, films, models.

Theory is taught by lecturers with the agrégation, clinical tutors and assistants.

The practical training is provided by midwifery instructors.

Knowledge of family planning is evaluated in the oral but not the written examination.

6.3.3 Postbasic training

This is organized annually by the Professional Association of Midwives in Paris (3 half-days). Most midwifery schools in towns with universities also have well attended postbasic courses, particularly those in Lyons, Nancy, Strasbourg, Toulouse and Grenoble.

Family planning may also be discussed during the national assemblies of midwives held annually.

6.4 Role and place of gynaecologists, obstetricians, general practitioners, nurses and midwives

At present family planning is provided by gynaecologists, obstetricians and general practitioners.

Midwives provide information and assist practitioners. Currently there does not seem to be any prospect of a transfer of responsibilities.

Nurses have only a limited role in line with their training.

7. NETHERLANDS

7.1 State University of Leiden

7.1.1 Medical education

7.1.1.1 General

The universities in the Netherlands are autonomous and there is no government order on the teaching of family planning. Each university is therefore free to decide on the number of hours that such teaching will be allocated.

Family planning has been taught at the State University of Leiden since 1968.

7.1.1.2 Undergraduate training

The training lasts six years. The student rounds off his studies with 8 months of practice in a hospital.

(a) Theory

The teaching is distributed throughout the course of studies.

Instruction in family planning takes up 17 hours during the first year, the bulk of them devoted to human relations between the sexes and the remainder to information on contraception and psychology of the couple.

It is worth noting that at the State University of Utrecht 27 hours are allocated in the first year for teaching on human relations between the sexes.

In the second year two hours are allocated for family planning.

In the third year the teaching of family planning centres on the psychology and sociological aspects of the couple.

In the fourth year, there are 80 hours of teaching of obstetrics and gynaecology, including:

- 4-6 hours on contraception and abortion,
- 4 hours on problems of infertility and sterilization,
- 2 hours on sexuality,
- 2 hours on psychosomatics

(b) Practice

In the fourth year, students spend two weeks in an obstetrics and gynaecology unit where they exercise no responsibility.

In the fifth year, students have eight weeks of practice, five of them in an obstetrics unit and three in a gynaecology unit, this time with responsibilities (six half-days of clinical work are devoted to family planning).

(c) Teaching methods

In addition to lectures, illustrated by slides and films, there is practical work facilitated by the use of models, instruction on video, cassettes and access to a library collection of slides.

In addition, active teaching methods such as group discussions, with the participation of psychologists and sexologists, are widely used. Particular use is made of role-playing. Finally, the student has the opportunity to evaluate his knowledge by replying to multiple-choice questions entered on a computer, with the possibility of immediate verification of his answers.

It is worth noting that all courses on human relations between the sexes are given by two teachers, a man and a woman.

Teaching staff all have advanced training in educational psychology and sexology.

The students are very interested in this form of teaching. In the course of their professional life they will be called on to deal with family planning on a large scale.

7.1.1.3 Postgraduate training

Specialization in obstetrics and gynaecology takes five years and the training has an important family planning component.

7.1.1.4 Continuing education

Every three or four years, seminars on family planning are held with strong participation by general practitioners.

7.1.2 Training in nursing schools

7.1.2.1 General

The training of nurses lasts three-and-a-half years. Training in family planning at schools for nurses started much more recently than at those for midwives.

7.1.2.2 Basic training

(a) Theory

In the first year, four hours of teaching is given on family planning (contraception).

In the second year, family planning is treated, but not systematically.

In the third year, two hours of teaching on human relations between the sexes are included in the obstetrics and gynaecology curriculum.

(b) Practice

Students receive training in a maternity ward, but do not have access to family planning clinics.

The teaching methods used are both passive (instruction) and active (group discussions).

The teachers are obstetricians, gynaecologists, sexologists, psychologists, and nursing instructors who have had an additional two years of training before they teach.

There is no evaluation of the knowledge by means of an examination for this activity which consists purely of providing information.

7.1.3 Training in midwifery schools

7.1.3.1 General

The training lasts three years. The teaching of family planning began at a later stage, around 1970. It was only in 1974 that the teaching of family planning was officially incorporated in the curriculum of the midwifery schools, which is uniform throughout the country.

7.1.3.2 Basic training

(a) Theory

Information on contraception is given in the first year.

In the second year, family planning is taught during the 100 hours allocated for gynaecology and obstetrics. Students also have 25 hours of teaching on psychology.

In the third year, students have 30 hours of teaching on sociology including 5 hours on human relations between the sexes and 5 hours on ethics.

(b) Practice

In the third year, students attend family planning clinics twice a week.

(c) Teaching methods

They are identical to those used in medicine, reported above.

7.1.3.3 Postbasic training

Midwives may obtain further training at the Family Planning Centre in Leiden University Hospital. This consists of theoretical teaching on contraception and abortion and practical instruction. The training lasts three months. The Centre usually takes on 15 midwives each year.

7.2 Amsterdam

7.2.1 Medical education

7.2.1.1 General

Family planning has been taught since 1965.

7.2.1.2 Undergraduate training

(a) Theory

Gynaecology and obstetrics are taught for 36 hours in the first year, including three hours on contraception and five on human relations between the sexes.

Teaching of obstetrics and gynaecology in the second year takes up 72 hours in the second year, 72 hours in the third year and 108 hours in the fourth year.

Family planning is integrated in the course of studies in the different years but the training is concentrated in the fourth and fifth years: in particular there are six hours on contraception, three on abortion and three on sterilization.

(b) Practice

There are two weeks of practice in the fourth year and 14 weeks in the fifth year in the obstetrics and gynaecology department where family planning is taught intensively.

Every two weeks there are two hours of teaching on human relations between the sexes, for groups of five students in the fourth and fifth years. The teaching is very informal and takes the shape of discussions.

(c) Teaching methods

These consist of lectures and using slides and films. Active methods are used: group discussions, case studies.

(d) Teachers

Lectures are given by professors or assistant lecturers in obstetrics and gynaecology or by psychologists.

The practical training is directed by assistant lecturers, general practitioners, social workers or instructors.

(e) Students

The students are very interested in the teaching on human relations between the sexes which provides answers to their own questions and, subsequently, to those of their patients of both sexes.

With regard to evaluation of the knowledge they have acquired, in their final examination there is always one question on contraception and one on human relations between the sexes, out of the 10 questions set.

7.2.1.3 Postgraduate training

Specialization lasts five years and the training is uniform in the Netherlands universities (see section on Leiden above).

Continuing education is organized but is not compulsory depending on the interest of the individual.

7.2.2 Training in nursing schools

7.2.2.1 General

The training lasts three and a half years.

7.2.2.2 Basic training

(a) Theory

Four hours of teaching (in the shape of discussions) on human relations between the sexes are given during the first year.

In the third year, training in family planning is included in the obstetrics and gynaecology course, with two hours of teaching on human relations between the sexes.

(b) Practice

All students spend three months in the obstetrics department. Some student nurses move on to the surgical gynaecology department where they have informal discussions on family planning, but they have little or no access to family planning clinics.

7.3 Place of gynaecologists, physicians and midwives/nurses in family planning

General nurses have a minor role in family planning, limited to that of providing information, although public health nurses have more important functions. The status of midwives is changing. Those working in university hospitals have an important position and are authorized to prescribe oral contraceptives and insert IUDs, under medical supervision.

Some 95% of oral contraceptives are prescribed by general physicians. Gynaecologists and

sexologists provide a consultant services.

8. UNITED KINGDOM

8.1 Medical education

8.1.1 London, University College Hospital Medical School (Professor Fairweather)

8.1.1.1 General

Since the universities enjoy autonomy, teaching can differ widely from one university to another.

In Professor Fairweather's department, training in family planning began around 1950. In some other UK Universities it began in the 1930s or immediately after World War II.

Medical studies last for five years: two years of basic sciences, three years of clinical training, with integration of clinical subjects into the second year of basic sciences.

There is a ceiling on the number of students, with entrance selection, limiting the intake to about 110-120 annually.

8.1.1.2 Undergraduate training

During the last 18 months of training, each student spends 4 months in the obstetrics and gynaecology department, during which he is taught this subject. This breakdown has the advantage of limiting the number of students to 30-40 for theoretical teaching, and about 13 (subdivided in groups of 1-3) for practicals. Theoretical and practical teaching are integrated, for this 15-week training period, as follows:

- week 1 : introduction, with 21 course hours,
- weeks 2, 3 and 4 : practical training in obstetrics,
- weeks 5, 6 and 7 : obstetrics and gynaecology in another department (peripheral hospitals outside London),
- week 8 : 20 course hours
- weeks 9, 10 and 11 : practical training in the department of obstetrics and gynaecology with 4 days a week in the gynaecology department and one day at a health centre,
- weeks 12, 13 and 14 : practical training in the department of obstetrics, with four days a week in the department of obstetrics and one day at a health centre,
- week 15 : 20 course hours (this week is rounded off by departmental assessments including multiple-choice questions).

Thus the students receive a total of 60 hours of theoretical training of which 15 hours are devoted to family planning, and of the latter eight hours teaching are on human relations between the sexes.

The teaching methods employed comprise: tutorials, with very few students thereby favouring discussions; practical work including group discussions and case studies. Audiovisual aids are widely used.

The teachers are made up of lecturers at the medical school, consultants or specialists with advanced training in teaching methods.

The students take a keen interest in this form of teaching. Assessment of their knowledge of family planning is made by means of a written examination and an oral.

In addition, during the period spent in doing practicals, students have to prepare a short essay on a subject of their choice; 50% of the topics chosen relate to endocrinology, infertility or family planning. This bears witness to the interest they have in this subject.

8.1.1.3 Postgraduate training

One of the forms of postgraduate education is that for the Diploma of the Royal College of Obstetrics and Gynaecology (DRCOG). The course of studies leading up to this diploma lasts one year, of which six months must be spent in an obstetrics and gynaecology department, with six weeks of practical training at a family planning centre, where two hours of theoretical instruction are

given each day.

Another form of postgraduate training is that for the Family Planning and Contraceptive Certificate (Joint Committee of FPA, RCOG, RCGP).

This training consists of two days of theoretical teaching and one eight-session period of practical training at a family planning centre. The teaching is given by family planning physician-instructors at family planning centres or at authorized hospitals. About one physician out of five follows these advanced training courses. Specialization in obstetrics and gynaecology requires, depending on the degree of specialization, three to nine years of study. Ample attention is paid to teaching of family planning during this training.

8.1.1.4 Continuing education

Multidisciplinary courses on family planning have been in existence in this department for the last three years, and were financed through grants from the United Kingdom Department of Health and Social Security and WHO. They have been a great success and are already being extended to other centres in the country. The multidisciplinary three-day courses organized several times a year are of interest to general practitioners, family planning physician-instructors and specialists, but are also to medical students, teachers, social workers, nurse midwives, lawyers, etc... The courses are organized in centres outside and within Union College Hospital, though during the pilot study (4 years) they have all been supervised and evaluated by the project steering committee.

8.1.2 Edinburgh: Dr Loudon

8.1.2.1 General

A new course beginning in 1978 was developed by a multidisciplinary group including gynaecologists, two educationalists, two medical students, one midwife, a social worker and a family planning physician.

The course is well designed and its objectives are as follows : "at the end of the course, the student will be expected to demonstrate his ability:

(1) to establish a warm, sympathetic relationship with the individual or the couple, to recognize their family planning needs in relation to one another, their family and society;

(2) to assist each couple to choose the best method of contraception for them, having taken a meaningful history and having carried out the relevant examination;

(3) to be able to describe each method and instruct in its use;

(4) to plan effective management with particular reference to the need for continued motivation and to dealing with side-effects and problems;

(5) to be able to utilize the support of other medical and nonmedical agencies, and to work as part of team;

(6) to know how to elicit a history of sexual function and recognize difficulties in sexual relationship;

(7) to understand the problem of unwanted pregnancy and to assist the women in the decision-making process."

8.1.2.2 Undergraduate training

(a) Theory

The new curriculum consists of three phases: a first preclinical phase lasting two years, a second lasting one year, and a third lasting two years.

Phase 1 : A minimum amount of teaching in obstetrical gynaecology is planned but has not yet been laid down.

Phase 2 : Three weeks of teaching will be given on human reproduction and sexuality (24 hours). Four hours of teaching will be on family planning. The remainder of the teaching will be divided up among the departments of biological reproduction (2 hours), psychiatry (4 hours), surgery (2 hours), pathology (5 hours), bacteriology (5 hours) and venereology (1 hour).

Phase 3 : During the period of 8 weeks, eight whole days will be devoted to large-group teaching. One of these days will be concerned with family planning and another with human sexual behaviour. In addition human relations between the sexes will be dealt with in the section on sterilization, abortion, infertility and in certain sections of perinatal medicine, where the importance of dealing with the whole family unit will be discussed.

(b) Practice

In Phase 2, 11 out of the 14 1/2 days of clinical demonstration relate to family planning. In phase 3, practical training takes place at the patient's bedside or in consultations.

(c) Teaching methods

These consist of tutorials, but with a small number of students which favours discussion. In addition, during the practicals, there are group discussions using audiovisual aids, and phantoms are made available to students. They also have access to video cassettes and films.

8.1.2.3 Postgraduate training

Training for future specialists in obstetrics and gynaecology and for general practitioners is identical and uniform throughout the United Kingdom.

8.1.2.4 Continuing education

A two-week refresher course, always with one hour on family planning, is arranged every five years.

8.1.3 Southampton (Professor Dennis)

8.1.3.1 General

The studies last five years. This Medical School was founded in 1971; its curriculum is different from those of the other schools, in particular in that there is no preclinical portion.

8.1.3.2 Undergraduate training

(a) Theory

In the first year, the human reproduction course lasts 17 weeks; contraception, abortion, sterilization and infertility are treated in seven hours; teaching on relations between the sexes lasts four hours; and there are films. This makes a total of eleven hours of teaching on family planning problems.

In the fifth year, there are five weeks of teaching on obstetrics and gynaecology where problems related to family planning are gone over once again.

The teaching of sexual sociology and psychology is integrated in the psychiatry and psychology courses given during the first and second year.

(b) Practice

During the first year, students have four half-day sessions of training which is basically on obstetrics. One initiative is worth noting: during the first year each student must follow a pregnant woman throughout pregnancy, assisting as far as possible in her delivery and going to see her at home after birth accompanied by the district or public health nurse.

In the third year, five weeks are set aside for training in an obstetrics and gynaecology unit where they are taught family planning in the shape of practical work and also undergo a period of clinical work with:

- two consultations on contraception;
- two consultations on problems of infertility;
- four consultations on sexology.

In the fifth year, there are five weeks of full-time practicals in the department of obstetrics and gynaecology with, in particular, five consultations on contraception.

(c) Teaching methods

These consist of lectures and tutorials, using films and slides. There are also active teaching methods: discussion groups and role-playing, particularly using video cassettes where the student can plan several different roles.

(d) Teachers

During the first two years, the staff consist of teachers of the medical schools, working in interdisciplinary teams.

In the third year they consist of lecturers, family planning physicians and specialists.

(e) Students

The students are highly motivated but one of the problems of this type of teaching is that they do not seem able to assimilate the teaching in obsterrics and gynaecology in full during the first year without having undergone a preliminary course in physiology, endocrinology etc.

8.1.3.3 Postgraduate training

The training is uniform throughout the United Kingdom (see above).

8.1.3.4 Continuing education

This takes the shape of seminars varying in frequency, where the number of general practitioners attending is very high.

8.2 Training in nursing schools

8.2.1 General

The basic training lasts two years, after which students are given the title of nurse. An additional year is necessary to obtain the title of registered nurse. District and public health nurses must have an additional year of study, or four ye[illegible]l.

8.2.2 Basic training

(a) Theory

Training in family planning for nurses is limited to one hour during the first three months of the first year of study.

An additional hour is given during the third year.

(b) Practice

This consists of a period of 8-12 weeks spent in maternity, , without specification of time to be spent in a family planning clinic.

(c) Teaching methods

Lectures, illustrated by films and slides are used in conjunction with more active teaching methods.

8.2.3 Continuing education

Nurse visitors (district nurses) have two hours of training in family planning in conjunction with five half-day sessions of practical teaching in family planning.

In addition, for nurses and midwives wishing to work in family planning centres, or to engage in family planning work, complementary instruction is available in Family Planning Course 900. This is a course of nine three-hour sessions.

The curriculum is divided into three teaching units, theoretical and practical, on all problems of family planning, and involves course work, discussion groups and the use of audiovisual aids.

This remarkably well designed teaching programme is the only one observed by the writer with properly defined objectives; it is summarized in Annex II for the purpose of illustration.

8.3 Training in midwifery schools

8.3.1 General

The studies last two years for those students who are not qualified as nurses, one and a half years for nurses, and one year for registered nurses (the large majority of recruits are in the last category). Because of additions to the syllabus it is proposed to lengthen this training in the near future.

8.3.2 Basic training

(a) Theory (compulsory since 1975)

Theoretical training in family planning officially lasts for two course hours. There does not seem to have been any defined teaching on relations between the sexes, though the subject is specified in the recently revised training programme.

(b) Practice

This consists of four hours of practical work and at least two sessions of clinical consultation at a family planning centre.

Lectures illustrated by films and slides, are given in conjunction with practical work involving group discussion and case studies.

8.3.3 Continuing education

There is a two-day postbasic course with 12 hours of teaching on family planning. This course is compulsory for midwives who have not attended such a course during their training.

Another form of continuing education is Course 900, mentioned above in relation to nurses.

Finally, every five years midwives attend refresher courses in which family planning is a compulsory subject.

8.4 Role and place of general practitioners, midwives and nurses

General practitioners are very active in family planning matters, in particular the family planning physicians.

Nurses, district nurses and health visitors also have an important role, particularly those that have followed Course 900. They provide much of the family planning services, but do not have for the moment the right to prescribe oral contraceptives or to carry out IUD insertions.

Midwives were not, until recently, clearly linked with the family planning service; but they now have an active role of growing importance in the motivation of those under their care.

9. SUMMARY

9.1 Medical education

9.1.1 Undergraduate training

The length of training is more or less the same in all the countries visited, i.e. 5-6 years.

Table 1 shows the place of instruction on family planning in the curricula.

It should be noted that the distribution of the theoretical instruction during the studies varies considerably in the countries:

Nine out of the thirteen universities visited teach family planning mainly at the end of the studies and three teach psychology and sociology throughout the studies.

In the two universities in Holland and two of the three in the United Kingdom the teaching of gynaecology-obstetrics and family planning is distributed throughout the studies.

At the three universities in Italy, the training in family planning either leads to a specific certificate or is included in that for a certificate in human reproduction, but in any case is always

optional.

The number of hours allocated for theoretical training in obstetrics and gynaecology varies considerably from 50 hours in Italy to 288 hours in Amsterdam.

The teaching of family planning is subject to the same variations (table 2). While the number of hours devoted to purely medical problems (contraception, abortion, infertility etc.) is fairly well specified, although uneven (ranging from 1 to 15 hours), the situation is less clear with regard to problems of sexuality, the psychology of the couple and the sociological aspects of family planning.

In the Netherlands the importance that should be given to the teaching of family planning, both from the cognitive standpoint and with regard to know-how and approach, is fully appreciated.

Italy, where the teaching of family planning remains optional, lags behind. It is true that the unrestricted student enrolment makes teaching very difficult but that does not appear to be the sole explanation.

Practical instruction and sessions are provided at the end of the courses of study in all the universities visited, except the University of Southampton, where the first session is held in the first year. Also that is the only university among those visited where basic sciences are not taught separately from clinical sciences.

In most of the countries all students receive practical training in the gynaecology-obstetrics department; in France some opt for such training and in Italy it is not compulsory (except at the Catholic University in Rome where the restrictions on enrolment allow all students to have access to the hospital departments).

The length of the practical training in gynaecology-obstetrics departments varies. Again, it must be pointed out that such training does not necessarily allow access to a family planning clinic. In fact while students normally attend antenatal clinics there are no arrangements for those at Bologna, the State University and the Catholic University in Rome to attend family planning clinics. There is virtually no access at the University of Stockholm where such training is reserved for midwifery students.

The training is inadequate at Warsaw and in France. It appears better organized in the other univertities visited but, without wishing to make a judgement, it is probable that extrapolation of these findings would produce an overestimate in relation to the general situation.

The post partum services of maternities in university hospitals remain where students do not have access to family planning clinics, a particularly valuable area for teaching contraception at the bedside of the mother, but this opportunity does not always appear to be fully used.

The incorporation of all lectures into practical training in a gynaecology-obstetrics department, as is already done at University College Hospital, London (Professor Fairweather) and will soon be done at University College Hospital, Edinburgh, seems a very interesting approach but one which involves major changes in the organization of medical education.

Teaching methods continue, in most of the traditional universities visited, to consist mainly of lectures. A certain trend towards active methods is emerging in some cases as in Stockholm, Warsaw, Novi Sad, Tours, London (University Hospital) and Southampton. The State University of Leiden appears to have been particularly successful in using active methods in the teaching of family planning.

Audiovisual aids are used in all the universities. The best equipped is the State University of Leiden where the instruction is recorded on video-cassettes available to students every day; the students are also able to check their knowledge using a series of multiple-choice questions and obtain an immediate answer.

Models which are very useful in gynaecology exercises are specially lacking in Poland.

9.1.2 Postgraduate training

Specialization in gynaecology-obstetrics takes from 4 to 7 years. The teaching of family planning within such training varies but the subject is dealt with extensively in all the countries except Italy, France and Sweden. In the latter country, the lack of attention is deliberate since family planning is the responsibility of midwives.

Table 1

Teaching of family planning within medical curricula

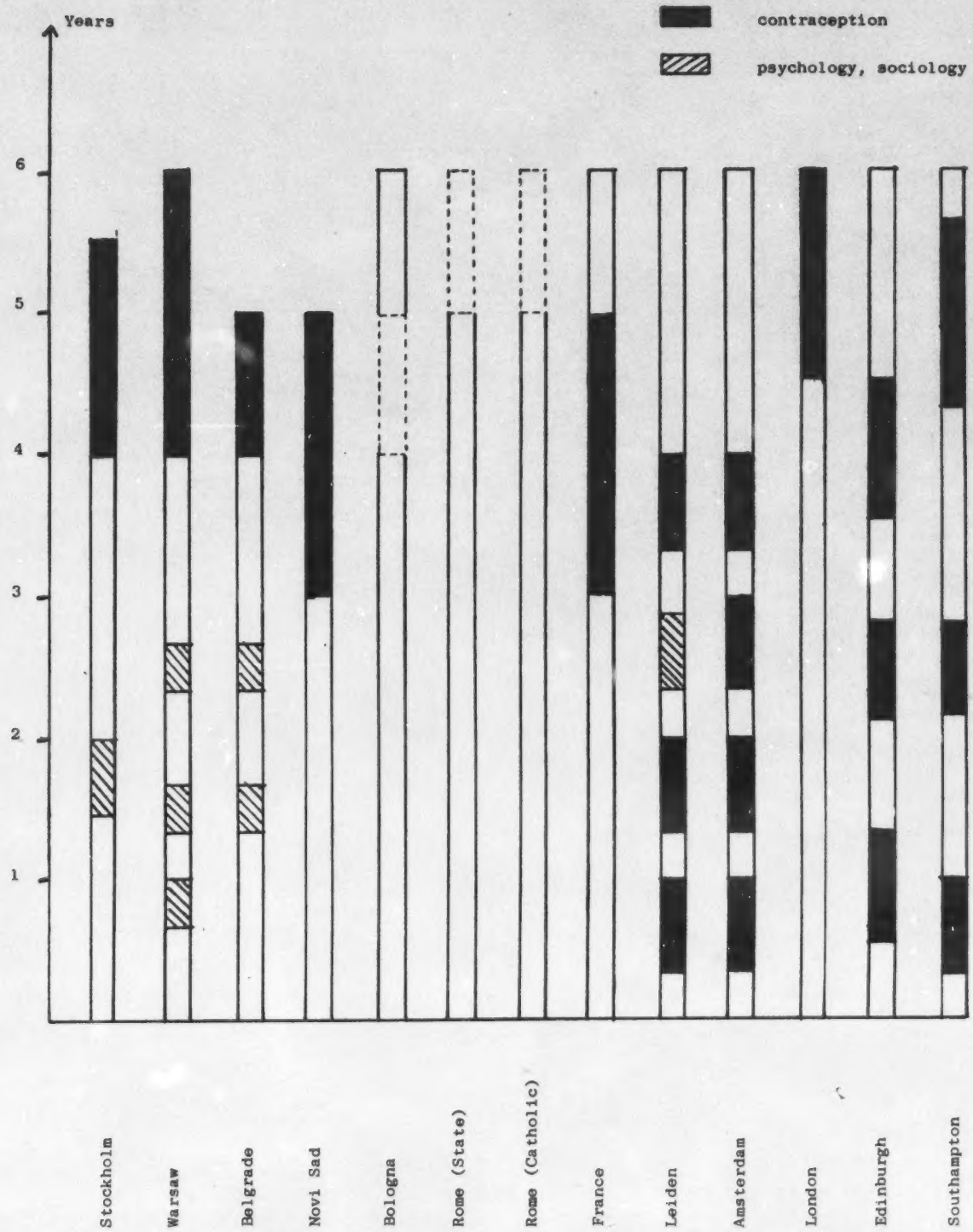

Table 2

Teaching of Family Planning at medical schools

LOCALITY	MEDICAL INSTRUCTION	SEXUALITY	PSYCHOLOGY AND SOCIOLOGY	PRACTICAL TRAINING
STOCKHOLM	8 hours	4 hours	integrated	PTGO 4 weeks PTFP ± 0
WARSAW	6 hours	integrated	integrated	PTGO 17 weeks PTFP +++
BELGRADE	> 10 hours	integrated	integrated	PTGO 114 hours PTFP +++
NOVI SAD	12 hours	integrated	integrated	PTGO PTFP 2 weeks
BOLOGNA	25 hours (optional)	3 hours (optional)		PTGO 0 PTFP 0
ROME (State)	1-2 hours	0	integrated	PTGO 0 PTFP 0
ROME (Catholic)	25 hours (optional)	0		PTGO 8 weeks PTFP 0
TOURS	8 hours	1-3 hours	integrated	PTGO ± 12 weeks PTFP +
LEIDEN	15 hours	15 hours	2 hours	PTGO 10 weeks PTFP +++
AMSTERDAM	15 hours	5 hours	integrated	PTGO 16 weeks PTFP +++
LONDON	7 hours	8 hours	integrated	PTGO 15 weeks PTFP +++
EDINBURGH	10 hours	integrated	integrated	PTGO 8 weeks PTFP +
SOUTHAMPTON	7 hours	5 hours	integrated	PTGO 10 weeks PTFP +

PTGO Practical training in gynaecology-obstetrics

PTFP Practical training in family planning generally incorporated with that in gynaecology-obstetrics. The crosses (+) give a tentative appraisal of the importance attached to family planning within the practical training in gynaecology-obstetrics.

9.1.3 Continuing education

Continuing education is provided in all the countries but family planning is not the only subject studied. Such training is compulsory only in Warsaw and Novi Sad. Several forms of training are offered:

- training outside working hours (evenings, weekends),
- discussion evenings, seminars,
- sessions of a few days in a gynaecology-obstetrics department.

The essential conditions for partitipation in the training (when it is not compulsory) include:

- reimbursement of expenses,
- interest of the topics discussed,
- quality of the teaching which depends as much on the educational methods used as on the content (practice).

In the United Kingdom two interesting types of training should be noted:

- Courses on family planning leading to a diploma awarded by the Joint Committee on Contraception (attended by about one physician in 5).

- a multidisciplinary approach to family planning provided in weekend seminars (extension of such training is more than desirable since it is the only means of enhancing awareness of the roles possibilities and limits of each category of staff).

9.2 Training in nursing schools

9.2.1 Basic training

The training to qualify as a nurse lasts 2-4 years.

Theoretical training in family planning is particularly unsatisfactory in all the countries. The purely technical instruction lasts a few hours on average and ranges from mere information in Bologna to 7 hours of instruction in Paris (Table 3).

There is virtually no instruction on sexuality in the countries except the Netherlands.

Finally none of the nursing schools have arrangements for practical training in a family planning centre. Consequently nurses find themselves in considerable difficulties in dealing with the family planning problems which confront them almost daily.

9.2.2 Postbasic training and continuing education

Training to quality as a public health nurse lasts from 1 to 2 years.

Teaching of family planning at this stage is naturally more substantial than during the basic training (an average of 4 hours of theory) but remains inadequate.

Public health nurses nevertheless play an important role in family planning especially in rural areas: and their learning therefore depends on their personal interest. In the United Kingdom the postbasic training (Course 900 for midwives and nurses) is particularly well organized. This, incidentally, reflects the appreciation public health nurses have had of the role in family planning for many decades.

This role of adviser and assistant to the physician is being expanded to include more important responsibilities such as prescribing contraceptives, fitting interuterine devices, as part of trials which for the time being are limited.

9.3 Training in midwifery schools

9.3.1 Basic training

The training lasts 2-4 years and a nursing qualification is required for enrolment in most of the countries visited (except France and the United Kingdom).

Table 3

Teaching of family planning at nursing schools

Locality	Length of Studies	Teaching of Family Planning	Teaching of Sexuality	Practical Training
STOCKHOLM	2 years 1/2	a few hours of integrated teaching		GO 4 weeks FP ± 0
WARSAW	2 years 5 years + 2	a few hours		GO 40 hours FP ± 0
BELGRADE	4 years + 1	3-4 hours		GO FP ± 0
NOVI SAD				
BOLOGNA	3 years	information only	0	GO 3 months FP 0
ROME (State)				
ROME (Catholic)	3 years	3 hours	0	0
PARIS	2 years 1/2	7 hours	0	GO 2 weeks FP ± 1-2 instructions
LEIDEN	3 years 1/2	4 hours	2 hours	FP 0
AMSTERDAM	3 years 1/2	integrated teaching	6 hours	GO 3 months FP ± 0
LONDON	3 years	2 hours		GO 12 weeks FP ± 0

GO : Gynaecology-Obstetrics
FP : Family Planning

Theoretical training in family planning varies considerably, generally depending on the level of responsibilities given to midwives in this field, (Table 4).

The most comprehensive training is certainly that given in Sweden, both in theoretical instruction and in practical exercises and sessions at family planning centres. This is due to the fact that the midwives as a group assume responsibility for all family planning problems.

In Poland and the Netherlands the training, although less extensive, especially with regard to practice, is better than the average in the medical schools.

Teaching of human relations between the sexes remains inadequate especially in France, Italy, United Kingdom and also, apparently, Yugoslavia.

Training in family planning clinics is sufficiently long and effective to be worthwhile in most of the countries.

As compared with the situation in the medical schools, active teaching methods such as group discussions, role-playing and case studies are widely used in most midwifery schools in Sweden, Poland and the Netherlands.

This is no doubt due to the fact that classes are much smaller at the midwifery schools than at the medical schools and therefore are more suitable for these exercises; but better training of the teachers in educational psychology is certainly another reason.

The teaching materials are inadequate in Poland.

There is effective written and oral evaluation of the knowledge only in Sweden, Poland and the Netherlands; this is a reflection of the importance that the teachers attach to family planning.

9.3.2 Postbasic training

Generally speaking in all the countries the midwifery instructors have excellent training in educational psychology.

9.3.3 Continuing education

A distinction must be made between two types of training: advanced studies and supplementary instruction which makes up for gaps in unduly superficial basic training and enables the midwife to assume responsibilities in family planning.

Further training is compulsory in Sweden, Poland and Yugoslavia and has a family planning component. It is available but not compulsory in Italy, France, the Netherlands and the United Kingdom. Family planning may be among the subjects studied but not always.

The provision of further training in family planning up to a level where responsibility may be assumed is a major concern in Sweden, the United Kingdom and the Netherlands.

In Sweden, for midwives who graduated before 1973 (when the teaching of family planning was strengthened), accelerated training is available comprising 10 hours of instruction followed by a practice session.

In the United Kingdom, Course 900 makes up for deficiencies of inadequate undergraduate training in family planning.

In the Netherlands further training of the same type will enable midwives of hospital centres to undertake routine operations in a family planning clinic.

Table 4

Teaching of family planning at midwifery schools

LOCALITY	LENGTH OF STUDIES	MEDICAL INSTRUCTION	TEACHING OF SEXUALITY	TEACHING OF PSYCHOLOGY, SOCIOLOGY AND EDUCATION	TEACHING OF FAMILY PLANNING	CONTINUING EDUCATION
STOCKHOLM	2 1/2 years 2 years of practice	integrated > 10 hours	integrated	14 hours	E 60 hours PS 6 weeks	4 weeks compulsory / 10 years
WARSAW	2 1/2 years 2 years of practice	8 hours	5 hours	22 hours	E integrated PS 2 weeks	1 month compulsory / 5 years
BELGRADE	4 years	4 hours		2 hours	E 8 hours PS ± 2 weeks	5 days / 1 year
BOLOGNA	2 years	4 hours	0		E ± 0 PS ± 0	± 0
ROME (State)	2 years	± 13 hours	± 2 hours		PS 2 weeks	
ROME (Catholic)	2 years	± 5 hours	± 1 hour		E ± 10 hours PS ± 0	1 / 4 years not compulsory
PARIS	3 years	6 hours	± 0	> 2 hours	E 4 hours PS ± 2 weeks	1 / 1 year 3 half-days
LEIDEN	3 years	integrated 10 hours	5 hours	55 hours	PS 6 weeks	
UNITED KINGDOM	2 years	2 hours	± 0		E 4 hours PS 2 clinic	Governmental Courses

E : Exercises
PS : Practice sessions

10. CONCLUSIONS

The following conclusions apply to the institutions visited, which are not necessarily a representative sample of all those in the countries concerned nor indeed of the whole situation in Europe.

Whatever the health policy of a country the importance of family planning is now recognized by governments and medical, nursing and midwifery schools. There are many reasons for this, including:

- the world population explosion,
- the new awareness of the need to ensure health and happiness for women and children,
- the needs to reduce the demand for abortion.

Now that this has been understood and clearly stated in most of the countries visited, an assessment must be made and two questions asked:

- Does the present distribution of tasks and responsibilities allow optimum output by the services for women, couples and children ?
- Does the teaching of family planning in universities and in nursing and midwifery schools meet the real needs in the field ?

To gain a better overall understanding of the problem, a review must first be made of the distribution of tasks and responsibilities in family planning. This varies greatly from one country to another:

- In Poland gynaecologists-obstetricians have key responsibility for contraception, with midwives in the role of technical assistants. The public health nurse only has a definite function in rural areas.

- In Yugoslavia general practitioners have the major role, with nurses and midwives sharing the task of providing information in family planning centres.

- In Italy family planning is only at the experimental stage but a system is being organized actively especially in the north of the country (Bologna) where public health nurses will have an important role.

- In France the authorities are definitely starting to assume responsibility for family planning. Specialists and general practitioners are responsible for technical aspects while midwives only provide information. At present nurses have only a negligible role.

- In the Netherlands 95% of family planning, at least its purely technical aspect (contraception), is provided by general practitioners. Nurses and midwives working in hospitals have recently been given responsibility for prescribing oral contraceptives and inserting IUDs.

- In the United Kingdom general practitioners, especially family planning physicians, are very active. However, health visitors provide a large part of the services. For the time being they are not authorized to issue prescriptions.

- In Sweden there is an even distribution of tasks between general practitioners and midwives who provide 56% of contraceptive services. As in the Netherlands and the United Kingdom gynaecologists-obstetricians have a consultant role.

It seems therefore that for performance of the main tasks in family planning (i.e. counselling on contraception, sexuality, problems of the couple), a better distribution of functions is desirable in some countries as well as better training for the categories of staff responsible for family planning.

Consequently, with training that is adequate with regard to emotional, psychosomatic and cognitive aspects (and particularly to the technique for a comprehensive gynaecological examination), nurses or nurse-midwives can - as they have proved - assume responsibility for contraception.

Under such an arrangement there must be the possibility for referral to a general practitioner with special training in family planning or even a specialist, if there is any doubt or if abnormalities are detected during the examination or follow-up.

The problem may be more or less acute depending on the coverage of the medical services and the needs to be met, but it is faced in all countries whatever their level of life or medical services.

It seems therefore that general practitioners and midwives can more effectively share the work of family planning. In this particular field the gynaecologist would thus become an expensive luxury for society.

It should not, because of the limited nature of this survey restricted to medical, midwifery and nursing schools, be forgotten that family planning remains a matter of teamwork in which psychologists, social workers, lawyers, etc., have an essential role to play.

The second question is whether the teaching of family planning in universities and in nursing and midwifery schools meets the real needs in the field. There is no one answer to this but a series of answers appropriate to the different family planning systems in the countries.

While the teaching of family planning, appears inadequate in the Swedish universities, for instance, this is in fact a matter of deliberate choice whereby preference is given to midwifery students for practice in family planning centres. In other countries the teaching is clearly inadequate in view of the responsibilities given to medical practitioners.

11. RECOMMENDATIONS

11.1 General

Several WHO working groups have stressed the fact that all health staff should have some instruction on family planning during their training and specifically that the staff should be aware that family planning is an aspect of health work as a whole and that it is therefore one of their responsibilities.[1]

A WHO study group observed that "the needs and objectives of families will vary from country to country, and between areas within countries. The priorities, needs, objectives, available health manpower, and related resources of countries will also differ. Likewise, there will be variations in the organization of services to meet these needs and objectives and in the methods and activities for bringing the services into contact with the people. These differences will determine the educational tasks to be carried out."[2]

The following planning stages have been recommended for the process of training programme development:

"... the first stage is to educate those responsible for programme development in planning comprehensive training programmes of adequate content and duration..."

"The second stage, is the training of teachers, which includes instructing them in the plans for programme development, timetable requirements and priorities. All too frequently, educators are not involved in the planning process, fully consulted as to training requirements or apprised of manpower needs."

"The third stage is the initiation of training programmes ..."

"The fourth stage is the assessment of students' work performance, providing appropriate feedback so that curricula and teaching may be continuously revised and improved..."[3]

The remainder of this report is devoted to the writer's recommendation following his study. Any repetition of points is regretted but testifies to the urgent need for awareness of the need either to develop training programmes or to apply existing programmes.

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1 WHO Technical Report Series No. 508, 1972 (Education and training for family planning in health services: Report of a WHO Study Group).

2 WHO Technical Report Series No. 483, 1971 (Health education in health aspects of family planning: Report of a WHO Study Group)

3 WHO Technical Report Series No. 508, 1972 (Education and training for family planning in health services: Report of a WHO Study Group) p. 16.

11.2 Specific education

11.2.1 Medical education

(a) Family planning is a broad subject which is not in fact a specific entity in curriculum development. Therefore it is sometimes difficult to obtain precise information on the importance attached to instruction in this field within curricula.

It would be desirable for family planning to be separately identified, with a curriculum based on precise educational objectives. Under present circumstances it was difficult for the consultant to obtain detailed curricula showing the number of hours devoted to individual aspects of family planning, as the teaching is integrated in courses on gynaecology-obstetrics and/or other sciences such as sociology, psychology or psychiatry. This statement regarding the integration of the teaching may suggest that the instruction is a minor, poorly delineated component of broader training.

(b) Nevertheless, and sometimes because of such lack of precision, it may be held that the teaching of family planning is inadequate in most of the countries. This view is borne out by the disparity which may be observed between the small amount of instruction included in curricula and the importance of family planning in medical practice (in France about one-fourth of the consultations by women concern requests for contraception).

It would be desirable to increase the number of hours for teaching of family planning and the number of hours for purely medical instruction on contraception, abortion, sterility, etc., and to strengthen considerably the teaching of psychology and human relation between the sexes. There is virtually no instruction on the latter subject in certain countries although it is remarkably sound in others especially the English-speaking ones.

(c) In countries where enrolment is not restricted, it might be wise to try to relate student numbers to the possibilities for practical training in family planning.

(d) Even countries where enrolment is restricted, in most of those visited, students should have the possibility of gaining more practical experience in family planning.

In some countries all students do not receive practical training in gynaecology-obstetrics departments. On the other hand in the countries where all students do have such training, they frequently have little access to contraception and family planning clinics and the practice is generally concerned purely with obstetrics.

All students should be able to spend sufficient time in gynaecology and family planning clinics to benefit from the practice.

It would also be worhtwhile in some countries, within the existing training system, for students who do not have access to gynaecology-obstetrics departments or family planning centres, to have information and activities in regard to family planning in all units attended by women of childbearing age such as departments of internal medicine, endocrinology, paediatrics and even traumatology.

(e) It would be desirable to change the methodology for teaching family planning in certain countries since it appears to be inflexible, confined to the traditional approach and composed mainly of lectures.

The training programmes should be better adapted to the tasks, the physicians will have to perform in practice. This requires a clear definition of those tasks as well as appropriate teaching methods and curricula.

It would be worthwhile to generalize those methods that are particularly necessary for the teaching of family planning: group discussions, case studies, role playing, etc., with less traditional passive instruction. It would also be useful, within the framework of this active teaching, if if each student being trained in a gynaecology-obstetrics department with family planning activities were set a limited and precise educational task, as is already done in Professor Fairweather's unit in London and will be done in Professor Pissaro's unit in Paris.

In this perspective a division of the students of each year into small groups makes it possible to give lectures without excluding discussions. Sessions consisting of both lectures and practice and providing even more flexible training seem an ideal formula, but their organization would require a major reform of the educational systems.

The distribution of the teaching of family planning within the overall curriculum is a difficult problem that cannot be discussed adequately in this report. Teaching obstetrics and gynaecology at the start of the course of studies, as in one of the universities visited, is an interesting experiment but nevertheless poses certain problems with regard to the knowledge.

It is in any case desirable that the physiology of sexuality should be taught from the start of the studies, even if only to give students information enabling them to answer their own questions. Resumption of this teaching when students have come to terms with their sexuality at the stage of clinical practice then enables them to give thier attention to diagnosis and treatment.

The use of audiovisual aids (films, slides, or televized instruction, video-cassettes, etc.) is highly desirable but depends on the financial possibilities of each university and even each department. They could doubtless be obtained without great expenditure, through better use of budgets.

Nevertheless in some countries the budgets are so limited that the mouldings and models which are of such value for practical work cannot be obtained.

(f) In some countries it seems that teachers of family planning should have better training in educational psychology. This would also encourage the teachers to adapt their methods.

(g) In view of the deficiencies of the teaching of family planning in some countries, there is an urgent need to organize further training for general practitioners. This need has been fully recognized in some countries and the necessary arrangements have been made.

Continuing education is a very complex problem related partly to the question of whether physicians work privately or for the government; it should be organized on a more rational and even controlled basis in certain countries.

11.2.2 Training in nursing schools

Theoretical teaching of family planning is particularly deficient in the schools in all the countries. It should not be confined to personal information on contraception. In fact the first step that might be taken in some countries would be to make the students aware of their potential role and place with regard to family planning.

Given the existing training systems and curricula in the nursing schools it would be useful to offer qualified nurses properly designed further training on the lines of Family Planning Course 900 in the United Kingdom. In this way, without overloading the basic training, nurses who so wish could receive training in family planning and some of them would certainly be encouraged to play a more active role in this field.

Clearly the need to give nurses a more responsible role in the family planning is more or less urgent depending on the sociocultural and health situation of each country. But it would certainly be wrong to give them an important role only in those countries where the medical services are not well developed; one has only to consider the important place of nurses and especially health visitors and public health nurses in countries where family planning has been long established in order to realize this.

11.2.3 Training in midwifery schools

We have seen that for midwives the importance and quality of the basic training is rather better adapted to the responsibilities to be assumed than in the case of physicians.

Nevertheless in the context of the present responsibilities given to midwives in each country, it would be desirable to strengthen - or start in some countries - instruction on human relations between the sexes.

Practical training and access to family planning clinics is often insufficient and, where possible, such sessions should be made more widely available to students.

Also, as practical experience is one of the most important aspects of this training, teachers and students should have direct access to all institutions in the community offering the necessary facilities: out-patient departments, maternal and child health centres, premarital counselling services, general and professional education establishments and community institutions.

It would also be desirable not to restrict the training to institutions concerned with contraception or treatment of sterility, but to make use of all establishments which provide health or social services and health information.

Before or during their practical training the students should spend time in the community, either visiting families at home or establishing contacts with different social and professional groups. In this way they would acquire the qualities of sensitivity and understanding that are so necessary for their future work.

It would also be highly desirable to promote continuing education when the family planning component is inadequate in a course of studies.

Moreover it would be desirable if a redistribution of tasks gave more responsibility to the nurse-midwife within the family planning team, as is the case in some of the countries visited.

This would of course involve questioning and modification of the general attitudes.

It would be useful if the countries, as in Sweden, raised the question of legalizing the transfer of responsibility for contraception of midwives.

In general it would be desirable if the teaching of family planning and further training were multidisciplinary, thereby giving each category of staff a clearer understanding of its role within the team responsible for family planning and, by the same token, better appreciation of the role of the other categories. This would avoid much loss of time, desorientation, disappointment and rejection among young people, women and couples in need or difficulty. An experiment of this kind has been underway for 3 years at a university in one of the countries, with the support of WHO and the health authorities. It has been a total success and this form of education should be generalized.

ANNEX 1

QUESTIONNAIRE PREPARED BY THE CONSULTANT
AND THE REGIONAL OFFICER FOR FAMILY PLANNING FOR USE IN SURVEY

1. General

- How long has the teaching of family planning as a separate entity been officially included in the curricula of the medical, nursing and midwifery schools?

- Who, at governmental level, supervises the teaching of family planning and its application (health ministry, education ministry, etc.)?

2. Detailed plan of the study on teaching of family planning in medical, nursing and midwifery schools.

This plan will be used in relation to medical schools (obstetrics-gynaecology, paediatrics, general medicine) and in schools for midwives. public health nurses, general nurses or nurse-midwives.

2.1 Theory

(a) Does the number of hours of theoretical training vary from one school to another ?

(b) What is the relative importance attached to the different aspects of family planning: medical, technical, psychology of the couple, sexology, sociology (influence of the social environment, ethnic influence) problems of adolescents etc. ?

(c) How is the teaching distributed in the different years of study?

(d) Teaching methods used:

- traditional: lectures,

- active: discussion groups, case studies, role-playing etc.

Are audiovisual aids used ?

Is the teaching integrated in different courses (psychology, pathology, pharmacology) or is family planning taught as a separate subject?

Is there a multidisciplinary approach to the training, with physicians, midwives and nurses grouped together for certain aspects of the teaching of family planning?

2.2 Practice

- Time allowed for the training, length of practice sessions.

- Organization of practice areas: access to family planning clinics, together with the gynaecology-obstetrics specialist, the marriage guidance adviser, etc.

- Are students introduced to the techniques of listening, communication and discussion?

2.3 Teachers

What is their training in technical skills, educational psychology and sexology? What are their opinions, attitudes, etc.?

2.4 Appraisal of importance attached to the teaching

Are there questions on the subject in the examination?

Number of theses on the subject, etc.?

2.5 Continuing education (refresher courses, etc.)

- Is the training organized officially by the health services?

- How do the professional associations participate in the training?

- Are there any arrangements for basic training of medical practitioners as well as practising midwives and nurses who were not taught family planning during their years of study?

- What form does the training take: courses, seminars etc.? Is it paid, given during working hours, etc.?

- Who are the teachers: lecturers, medical practitioners?

2.6 Role and place of general practitioners, midwives and nurses in family planning

- Is the training adapted to the responsibilities?

- How are the responsibilities and tasks distributed among physicians midwives and nurses?

- Has there been any experience of transferring responsibility for tasks such as prescription of the pill and insertion of IUDs to nurse-midwives?

2.7 Training of specialist staff engaged in family planning: gynaecologists-obstetricians, general practitioners, midwives, nurses.

TRAINING PROGRAMME IN FAMILY PLANNING FOR NURSES
IN THE UNITED KINGDOM

COURSE UNIT 1

Objectives

After completing this unit the nurse will be:-

1. Able to take, select and record accurately relevant aspects of the individual's medical and social history.
2. Aware of the contribution of family planning to individual and family health and to the wellbeing of society.

Skills	Knowledge	Attitudes
	Psychological, sociological and demographic implications of pro-providing family planning services.	
	Family planning as a preventive health measure.	
Establishing and maintaining a relationship with the individual.	Psychology of interpersonal behaviour: the influence of verbal and non-verbal communication.	Accepts the importance of understanding and adapting to the individual's sensitivity.
Maintaining confidentiality and privacy for the individual.	Medico-legal aspects of the work.	Appreciates the confidential nature of the work and understands the need to develop insight and tact in giving a professional service.
Interviewing.	Interview techniques.	Is aware of the importance of listening.
Recognizing hidden problems	Socio-cultural and psycho-sexual background to sexuality.	Shows increasing sensitivity to human need and a sympathetic understanding of the values people hold when different from her own.
Accurate recording of data and information.	Current recording systems. Use of records in follow-up care.	Recognises the importance of correct data.

COURSE UNIT 2

Objectives

After completing this unit the nurse will:

1. Be competent to carry out an examination of the individual and to take cytological specimens.
2. Be able to interpret the findings of the individual's medical and social history and the findings of the physical examination and refer the individual to the doctor or other agency when necessary.
3. Have an understanding of the relevant aspects of anatomy, physiology and pathology.

ANNEX 2

Skills	Knowledge	Attitudes
Examination including:	Related aspects of anatomy, physiology and pathology.	Is aware of the need to show gentleness towards the vulnerable individual and respect for personal dignity.
relevant observations for possible pregnancy		
assessment of vagina		
visualization of the cervix using a speculum	Cervical cytology.	
taking cytological specimens.		
Teaching self-palpation of the breast.	Method of self-palpation of the breast.	
Appraisal, interpretation and selection for referral or advice.	Failure of method or use including the management of unplanned pregnancy.	
Referring whilst maintaining the relationship.	Organization and availability of other services including psycho-sexual counselling, male and female sterilization, termination of pregnancy, sub-fertility and special clinics.	

COURSE UNIT 3

Objectives

After completing this unit the nurse will be competent to:

1. Inform, advise and counsel the individual concerning the choice of methods.
2. Teach the application of the chosen method.
3. Re-appraise the chosen method.

Skills	Knowledge	Attitudes
Adopting a non-directive approach when informing, advising and counselling in relation to chosen method.	Related aspects of individual human rights.	Recognises the importance of impartial advice.
	All methods of contraception including efficiency, side effects and contra-indications.	
	Physiological and psychological aspects of male and female sterilization	
	Physiological, psychological and pathological aspects of termination of pregnancy, sub-fertility and sexually transmittable diseases.	

Course unit 3 (continued)

Skills	Knowledge	Attitudes
Teaching the application of:		
mechanically occlusive methods		Is willing to give understanding, support and guidance to individuals experiencing difficulty in learning about and accepting the chosen method.
spermicidal agents		
hormonal contraception		
physiological methods		
Re-appraisal of chosen method	Routine after-care	

ANNEX 3

LIST OF PERSONS MET

SWEDEN

Dr M. Tottie	Executive Director National Board of Health and Welfare, Stockholm
Mrs G. Annerstedt	Fellowships Officer National Board of Health and Welfare, Stockholm
Miss L. Frostensson	Teacher of Family Planning School of Midwifery, Stockholm
Miss S. Modig	Director of Studies School of Midwifery, Stockholm
Dr K. Sundström	Sexologist National Board of Health and Welfare, Stockholm
Miss L. Hammarberg	Midwifery instructor National Board of Health and Welfare, Stockholm
Miss H. Ollson	National Board of Health and Welfare, Stockholm
Miss G. Eklund	Education of School Nurses National Board of Education, Stockholm
Miss K. Eek	Education of School Nurses National Board of Education, Stockholm
Associate Professor M. Bygdeman	Department of Obstetrics and Gynaecology Karolinska Hospital, Stockholm

POLAND

Mrs J. Staniewska	Nurse/Education Specialist, Department of Training Programmes of Schools for General Nurses, Paediatric Nurses and Midwives, Warsaw.
Mrs K. Weber	Director, Postbasic Training Centre, Warsaw
Dr A. Piatkowska	Assistant Director, Postbasic Training Centre, Warsaw
Miss I. Szarkowska	Postbasic Training Centre, Warsaw
Mrs M.B. Jezierska	Postbasic Training Centre, Warsaw
Professor I. Roszkowski	Professor, Academy of Gynaecology-Obstetrics; Head, Gynaecology and Obstetrics clinic, Warsaw
Dr B. Kartinska	Officer in charge of psychoprophylactic childbirth and medical gymnastic methods, Gynaecology and Obstetrics Clinic, Warsaw
Mrs B. Danieska	Assistant Director, Midwifery School, Warsaw
Mrs S. Hoch	Nurse-Midwifery, Senior Lecturer in Public Health and Social Education, Midwifery School, Warsaw
Professor H. Klawe	Officer in charge of family problems, Institute of the Mother and Child, Warsaw
Mr M.S. Slawinski	Family Counsellor, Institute of the Mother and Child, Department of Family Health, Warsaw

Dr Radiukiewicz	Assistant Director, Health Rehabilitation Service, Ministry of Health and Social Welfare, Warsaw
Mrs S. Celmer	Director, Family Planning Association, Warsaw

YUGOSLAVIA

Dr Dragica Klisinska	Secretary, Yugoslav Commission for Cooperation with International Health Organizations, Belgrade
Dr Ferencevic	President, Vojvodina Provincial Family Planning Council, Novi Sad Institute of the Mother and Child Family Planning Office, Province of Vojvodina
Dr R. Prudan	Gynaecologist, Novi Sad
Dr M. Kupresanin	Gynaecologist, Novi Sad
Dr N. Stanulovic	Professor of Philosophy, Faculty of Arts, Novi Sad
Professor M. Stevanov	Faculty of Law, Novi Sad
Mrs H. Ruzic	Social worker, Novi Sad
Mr P. Svetozar	Undersecretary Secretariat for Public Health and Social Work, Province of Vojvodina Novi Sad
Professor V. Sulovic	Director, Gynaecology-Obstetrics Clinic Faculty of Medicine, Belgrade
Professor Prica	Assistant to Professor Mladenovic Gynaecology-Obstetrics Department Belgrade Hospital, Belgrade
Dr Grcic	Member, Federal Family Planning Council Belgrade Hospital, Belgrade
Dr Milosevic	Gynaecologist-Obstetrician Belgrade Hospital, Belgrade
Mrs Bjeletic	Nurse Belgrade Hospital, Belgrade
Dr L. Basta	Paediatrician Federal Institute of Public Health Belgrade

ITALY

Dr A. Rafuzzi	Statistician, Service for Mothers and Children and for Voluntary and Responsible Parenthood Bologna
Dr M. Valli	Psychologist, Service for Health and Social Training, Bologna
Dr F. Ferrari	Officer in charge of training of paramedical staff, Bologna
Professor Flamini	Director, Obstetrics-Gynaecology Clinic, Bologna
Professor Valle	Director, Obstetrics-Gynaecology Clinic, Rome
Professor Carenza	Director, Obstetrics-Gynaecology Clinic, University Polyclinic, Rome

ANNEX 3

Professor L. Zichella	Obstetrics-Gynaecology Clinic, University Polyclinic, Rome
Dr G. Custo	Obstetrics-Gynaecology Clinic, University Polyclinic, Rome
Professor Bompiani	Director, Gynaecology-Obstetrics Department, Catholic University, Rome
Professor S. Mancuso	Chair of Physiopathology of Human Reproduction, Gynaecology-Obstetrics Department, Catholic University, Rome
Dr Capella	Director, Family Counselling, Gemelli Polyclinic, Rome
Professor E. Severi	Assistant, Professional Training for the Emilia Romagna Region, Bologna
Mrs M. Tagliabve	Director, Midwifery School, Gemelli Polyclinic Catholic University, Rome

FRANCE [1]

Mr Strugo	Subdirectorate of Health Professions, Ministry of Health and Family Welfare, Paris
Dr Reyrole	Subdirectorate of Medical Problems of Mothers and Children, Ministry of Health and Family Welfare, Paris
Mrs Wenner	Director, Nursing School, Cochin Hospital, Paris
Mrs Philipo	Instructor, Nursing School, Cochin Hospital, Paris
Mrs Chuquet	Director, Midwifery School, Cochin Hospital, Paris
Dr Labrousse	Subdirectorate of Health Professions, Ministry of Health and Family Welfare, Paris
Professor Pissaro	Saint Antoine Hospital, Paris
Mrs Simonot-Djemila	Midwife, Technical Adviser to the Ministry of Health and Family Welfare, Paris

NETHERLANDS

Professor E.V. van Hall	Gynaecology-Obstetrics Department State University of Leiden
Professor M. G. van Dyk	Sexologist Gynaecology-Obstetrics Department State University of Leiden
Miss I. Menaldo van Wisten	Nurse, Gynaecology-Obstetrics Department State University of Leiden
Dr F. Wibaut	Head, Department of Contraception and Sexology, University Hospital, Amsterdam
Miss Framsman	Phisiotherapist, University Hospital, Amsterdam
Miss O. Blomden	Nursing Instructor, University Hospital, Amsterdam

[1] The Consultant thanks Professor Lansac (Gynaecology-Obstetrics Department of Professor Soutoul in Tours) and Drs Cohen, Kahn-Nathan, Rozenbaum and Sirinelli for their assistance in the study.

ANNEX 3

UNITED KINGDOM

Dr Hyzler	Department of Health and Social Security, London
Dr Stanley	King's College Hospital, London
Dr D. Rothman	Department of Health and Social Security, London
Miss M. Baddiley	Nurse, Department of Health and Social Security, London
Professor D. Fairweather	University College Hospital, Medical School - Obstetric Hospital, London
Dr Kuenssberg	Chairman of Joint Committee on Contraception, Edinburgh
Dr N. Loudon	Family Planning Centre, Edinburgh
Professor Dennis	Southampton General Hospital, Southampton
Dr K. Reid	National Association of Family Planning Doctors Royal College of Obstetricians and Gynaecologists, London
Dr Law	National Association of Family Planning Doctors Royal College of Obstetricians and Gynaecologists, London
Mrs King	Central Midwives Board, London
Miss Turner	Central Midwives Board, London

WHO REGIONAL OFFICE FOR EUROPE

Miss W. Haddad	Regional Officer for Family Planning responsible for the project; and other members of the Regional Office staff concerned in the study